

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized CommitteeRECEIVED
SECRETARY OF THE SENATE
PUBLIC

15 MAR - 2 04 PM '08

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Bob Massie for U.S. Senate

ADDRESS (number and street)

140 Sycamore Street

Check if different
than previously
reported. (ACC)

Somerville

MA

02145

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00492561

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

MA

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the
State of

M M / D D / Y Y Y Y

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the
State of

M M / D D / Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y
10 01 2014M M / D D / Y Y Y Y
10 01 2014M M / D D / Y Y Y Y
10 01 2014

through

M M / D D / Y Y Y Y
12 31 2014M M / D D / Y Y Y Y
12 31 2014M M / D D / Y Y Y Y
12 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Shelley J Alpern

Signature of Treasurer

Shelley J Alpern

Shelley J Alpern

Date

M M / D D / Y Y Y Y
01 31 2015M M / D D / Y Y Y Y
01 31 2015M M / D D / Y Y Y Y
01 31 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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(Revised 02/2003)